



CHECKLIST FOR:

Lake County

Sanitation Evaluation Request Application

This checklist is to assure your request application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that additional information, such as property line staking, may be required as the application goes through the review process.

Submit this checklist, application and fee to:

Lake County Environmental Health
106 Fourth Avenue East
Polson, MT 59860

Phone: 406-883-7236
Fax: 406-883-7205
Email: envhealth@lakemt.gov

Please check that you have completed the following:

- ☐ Check payable to Lake County Environmental Health Department (L.C.E.H)
- ☐ Name & contact information for person requesting the evaluation
- ☐ If listing agent signs the application for owner, complete the Agent Authorization Statement form included with this application
- ☐ Property legal description
- ☐ Location map or directions to assist staff in finding the property
- ☐ Description of proposed development, property use or other reason for request
- ☐ Site Plan that includes the following: (include any/all depending upon the nature of your request)
 - ☐ Scale – for example 1 inch = 2 feet
 - ☐ North directional arrow
 - ☐ Property lines
 - ☐ All existing & proposed structures
 - ☐ Driveways & parking areas
 - ☐ Utility lines
 - ☐ Any existing wastewater treatment system
 - ☐ Proposed wastewater treatment system
 - ☐ All existing or proposed wells, developed springs, or cisterns and water lines
 - ☐ All streams, lakes, springs, ponds, wetlands, irrigation ditches and/or other surface water within 100' of property lines
- ☐ Additional information:
 - ☐ Soil profile information
 - ☐ Percolation test results, if required
 - ☐ Ground water monitoring results, if required
 - ☐ Compliance with MCA 75-5 Montana Water Quality Act, including but not limited to non-significance determination, background nitrate test, well pump test, or well triangulation

See the Lake County Environmental Health Department webpage for regulations and other information:
www.lakemt.gov/envhealth



LAKE COUNTY SANITATION EVALUATION REQUEST APPLICATION

CHECK # _____ APPLICATION DATE: _____

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860

PH: 406-883-7236
FAX: 406-883-7205
EMAIL: envhealth@lakemt.gov

Per Lake County Wastewater Treatment System Regulations, a *Sanitation Evaluation* is a County review assessing whether a *parcel* or *specific location* is suitable for the installation of a subsurface wastewater treatment system.

All wastewater treatment system designs must be prepared by a professional engineer or a registered sanitarian in private practice.

Return the completed application with the \$200.00 fee to the above address.

Checks must be made payable to L.C.E.H.

Person Requesting Evaluation: _____

Mailing Address: _____ City: _____ State/Zip: _____

Phone: _____ Email Address: _____

PROPERTY TO BE EVALUATED: *Fill in as much as possible.*

Current Property Owner: _____

Physical Address: _____

Subdivision/COS: _____ Lot: _____ Block _____ Parcel Size _____

Legal Description: _____ Section: _____ Township: _____ N. Range: _____ W.

Geo Code: 15 - _____ - _____ - _____ - _____ - _____ - _____

Environmental Consultant: _____ Phone: _____

Mailing Address: _____ City: _____ State/Zip: _____

Describe any existing development on this property:

Describe any proposed development on this property (e.g. "Construction of a new 3-bedroom single-family home") or describe reason for your request:

PROPERTY ACCESS AUTHORIZATION: *This section must be completed.*

By my signature below, I certify that I am either an owner of the property described above or the listing agent for the property with authority to permit access and to authorize access for purposes of this evaluation.

Please check one:

☐

Property Owner

☐

Listing Agent

Signature of Authorizing Person: _____ Date: _____

If agent, written authorization from the owner and/or legal representative must be received by this department before the application can be processed. An "Agent Authorization Statement" form is attached for your use/reference.

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**A copy of this completed form will be accepted to initiate application review. However, this document with original signatures must be provided before the permit will be issued. Return to either department: FAX 406-883-7205, planning@lakemt.gov, envhealth@lakemt.gov, or 106 4th Avenue East, Polson MT 59860*